



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS BONE & JOINT CENTER

Respondent Name

INDEMNITY INSURANCE CO

MFDR Tracking Number

M4-16-0341-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

October 8, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier denied the disputed services with denial reason "811– Charges denied because on this date of service, provider not on the approved doctor list" and "B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service... As such, the adverse determination was inappropriate and payment for the billed services remain due."

Amount in Dispute: \$1,362.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier filed a PLN11 on 6/21/2014 limiting the compensable injury... It is the Carrier's position that treatment for date of service 1/22/15 was treatment rendered for the disputed conditions. Therefore, the Carrier is not entitled to reimbursement for the services. Attached are copies of the PLN11, designated doctor report and the amended EOR."

Response Submitted by: ACE ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 22, 2015	27096, 76942 and 99080-73	\$1,362.00	\$367.52

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600 sets out the guidelines for Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
- 28 Texas Administrative Code §134.203 sets out the Medical Fee Guideline for Professional Services.
- 28 Texas Administrative Code §129.5 sets out the guidelines for Work Status Reports.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 811 – Charges denied because on this date of service, provider not on the approved doctor list.
 - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Issues

1. Does the medical fee dispute referenced above contain information/documentation to support that date of service January 22, 2015 contains unresolved issues of compensability, extent of injury and/or liability (CEL)?
2. Did the insurance carrier submit documentation to support the denial of CPT Codes 27096 and 76942?
3. Did the requestor submitted documentation to support the billing of CPT Code 99080-73?
4. Is the requestor entitled to additional reimbursement?

Findings

1. Review of the insurance carrier's EOB dated October 28, 2015 denied the disputed services with denial reason code "P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier," and "269 – This billing is for a service unrelated to the work illness or injury."

To determine whether such an extent-of-injury or related dispute existed at the time any particular medical fee dispute was filed with the Division and whether it was related to the same service, the applicable former version of 28 Texas Administrative Code § 133.240(e), (e)(1), (2)(C), and (g) addressed actions that the insurance carrier was required to take, during the medical billing process, when the insurance carrier determined that the medical service was not related to the compensable injury: 31 TexReg 3544, 3558 (April 28, 2006).

Those provisions, in pertinent parts, specified: Former 133.240 (e) (1), (2) (C), and (g): The insurance carrier shall send the explanation of benefits in the form and manner prescribed by the Division.... The explanation of benefits shall be sent to: (1) the health care provider when the insurance carrier makes payment or denies payment on a medical bill; and (2) the injured employee when payment is denied because the health care was: ... (C) unrelated to the compensable injury, in accordance with §124.2 of this title... (g) An insurance carrier shall have filed, or shall concurrently file, the applicable notice required by Labor Code § 409.021, and § 124.2 and 124.3 of this title ... if the insurance carrier reduces or denies payment for health care provided based solely on the insurance carrier's belief that: (3) the condition for which the health care was provided was not related to the compensable injury.

Review of the submitted documentation finds that the insurance carrier submitted an EOB dated October 28, 2015, dated after the MDR received date of October 8, 2015. The Division finds that the insurance carrier raised a new issue after the filing of the MDR. As a result, the Division will address on the defenses raised by the insurance carrier prior to the filing of the MDR. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement for CPT Codes 99080-73, 27096 and 76942 rendered on January 22, 2015. The insurance carrier denied/reduced the disputed service with reason code "811 – Charges denied because on this date of service, provider not on the approved doctor list" and "B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service."

The Divisions Approved Doctors List (ADL) expired August 31, 2007. The Division issued a letter addressed to system participants and stated the following, " *Provider Listing* TDI maintains an online listing of doctors licensed to practice in Texas through the TXCOMP Provider system <http://www.tdi.state.tx.us/wc/information/locatedoctor.html>. This listing can be used by injured employees to select treating doctors and other system participants to verify the status of providers. The system also allows providers to create and maintain a profile for reporting financial disclosure information. Although the list contains self-reported credentialing and specialization information from providers, TDI does not validate this information. Doctors on this list are not required to treat injured Employees." The letter further states, "*Excluded Providers*: The agency will also publish a list of providers who have been sanctioned by TDI. This list includes doctors who have been removed, deleted or were denied admission to the ADL. These doctors may not treat injured employees."

Review of the documentation submitted by the requestor states, "The Approved Doctors List of the workers' compensation system expired August 31, 2007. Under Official Order No. 3365 of the Texas Commissioner of Workers' Compensation, Dr. Chavda was removed from the division's designated doctors list until 06/20/2019. However, this order did not remove him from the worker's compensation system and therefore he is still able to both act as a treating physician and to certify maximum medical improvement (MMI)."

Review of the submitted documentation and the Divisions website contains information to support the requestor's position that Dr. Chavda has rendered services in accordance with the Division Official Order No. 3365. The Division finds that the insurance carrier's denial of "811" and "B7" is not supported. As a result, the requestor is entitled to reimbursement for the disputed services.

3. The requestor seeks reimbursement for CPT Code 99080-73. Per Texas Administrative Code 129.5, "(i) Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

Review of the submitted documentation supports the billing of CPT Code 99080-73, as a result the requestor is entitled to reimbursement in the amount of \$15.00, for CPT Code 99080-73 rendered on January 22, 2015.

The requestor seeks reimbursement for CPT Codes 27096 and 76942. 28 Texas Administrative Code 134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...."

The requestor seeks reimbursement in the amount of \$862.00 for CPT Code 27096, the MAR amount is \$256.45, and therefore this amount is recommended.

The requestor seeks reimbursement in the amount of \$475.00 for CPT Code 76942, the MAR amount is \$96.07, and therefore this amount is recommended.

4. The division finds that the requestor is entitled to reimbursement for CPT Codes 99080-73, 27096 and 76942 rendered on January 22, 2015 in the amount of \$367.52, therefore this amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$367.52.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$367.52 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	February 26, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 Texas Register 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.